

# PROVIDER BULLETIN

No. 15-59

Date: December 4, 2015

To: Nebraska Medicaid Providers

From: Calder A. Lynch, Director *ca*  
Division of Medicaid and Long-Term Care

By: Doshie Rodgers, Program Specialist, HCBS Waiver Services

Re: 2016 Aged & Disabled Medicaid Waiver Assisted Living Rates

**Please share this information with administrative, clinical and billing staff.**

Attached please find the 2016 Medicaid rate schedule that will be effective January 1, 2016 for the Aged & Disabled Medicaid Waiver assisted living service. As a result of legislative direction, both rural and urban provider rates are increasing. The Medicaid portion of the Waiver assisted living rates will increase by 2.25%. Refer to the enclosed Rate Chart for additional details.

The Room and Board rate for individuals qualified under the Aged & Disabled Medicaid Waiver remains at \$669 per month. The Personal Needs Allowance remains at \$64 per month unless the resident is notified differently by ACCESSNebraska.

Questions on the new rate schedule may be directed to Doshie Rodgers, Program Specialist, at (402) 471-8091 or send e-mail with questions to [doshie.rodgers@nebraska.gov](mailto:doshie.rodgers@nebraska.gov).

Medicaid Provider Bulletins, such as this one, are posted on the DHHS website at [http://dhhs.ne.gov/medicaid/Pages/med\\_pb\\_index.aspx](http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx). The "Recent Web Updates" page will help you monitor changes to the Medicaid pages.

Enclosure

**AGED & DISABLED MEDICAID WAIVER ASSISTED LIVING RATES**  
**for Individuals Qualified under the Waiver**

**Effective January 1, 2016**

* Providers are paid for day of discharge	Room & Board Paid By Client	Level 40 <b>RURAL SINGLE OCCUPANCY</b>	Level 41 <b>RURAL MULTIPLE OCCUPANCY</b>	Level 42 <b>URBAN* SINGLE OCCUPANCY</b>	Level 43 <b>URBAN* MULTIPLE OCCUPANCY</b>
Report on Medicaid Claims <ul style="list-style-type: none"> <li>▪ Total ALF days</li> <li>▪ All out of facility days</li> <li>▪ Failure to timely report resident medical absences to Services Coordinator and on claims may result in sanctions</li> </ul>	Multiple Occupancy <ul style="list-style-type: none"> <li>▪ Prior DHHS Approval</li> <li>▪ Consent signed</li> </ul>	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) <ul style="list-style-type: none"> <li>▪ Not pro-rated</li> <li>▪ Notice from ACCESS/Nebraska</li> </ul>	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) <ul style="list-style-type: none"> <li>▪ Not pro-rated</li> <li>▪ Notice from ACCESS/Nebraska</li> </ul>	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) <ul style="list-style-type: none"> <li>▪ Not pro-rated</li> <li>▪ Notice from ACCESS/Nebraska</li> </ul>	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) <ul style="list-style-type: none"> <li>▪ Not pro-rated</li> <li>▪ Notice from ACCESS/Nebraska</li> </ul>
<b>ON-GOING MONTHLY RATES</b>					
STANDARD (Std.)	<b>\$669.00</b>	<b>\$2334.00</b>	<b>\$1880.00</b>	<b>\$2631.00</b>	<b>\$2119.00</b>
<b>ADMISSION &amp; DISCHARGE MONTHS</b>					
Daily STANDARD rate for all days client is physically present ♦	<b>\$669.00</b> Pro-rated	<b>\$54.74</b>	<b>\$39.81</b>	<b>\$64.50</b>	<b>\$47.67</b>

\*Urban Counties - Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward and Washington Counties

♦ Daily rates equal the daily net amount from Medicaid.

The facility must notify the Services Coordinator by the next working day of a medical absence in which a client is admitted to a hospital or nursing facility. This notice is required in order for the Services Coordinator and Central Office to determine continued appropriateness of the assisted living authorization. Failure to report medical absences to the Services Coordinator may result in the facility being required to reimburse the Department for days the client was out of the facility for medical reasons.